

**DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter (process, machine, manufacture, or composition of matter, or an improvement thereof) which is claimed and for which a patent is sought by way of the application entitled

Mounting For A Package Containing A Chip

which (check) ☒ is attached hereto.
☐ and is amended by the Preliminary Amendment attached hereto.
☐ was filed on as Application Serial No.
☐ and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby appoint the following practitioners to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Customer Number 24251



Please address all correspondence and telephone calls to:

James E. Parsons
SKJERVEN MORRILL MacPHERSON LLP
25 Metro Drive, Suite 700
San Jose, California 95110-1349

Telephone: 408-453-9200
Facsimile: 408-453-7979

I declare that all statements made herein of my own knowledge are true, all statements made herein on information and belief are believed to be true, and all statements made herein are made with the knowledge that whoever, in any matter within the jurisdiction of the Patent and Trademark Office, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be subject to the penalties including fine or imprisonment or both as set forth under 18 U.S.C. 1001, and that violations of this paragraph may jeopardize the validity of the application or this document, or the validity or enforceability of any patent, trademark registration, or certificate resulting therefrom.

Full name of sole (or first joint) inventor: Thomas P. Glenn

Inventor's Signature: [Signature] Date: 3-15-01

Residence: Gilbert, AZ

Post Office Address: 1001 S. Crown Key Court
Gilbert, AZ 85233

Citizenship: U.S.A.

Full name of sole (or second joint) inventor: Steven Webster

Inventor's Signature: _____ Date: _____

Residence: Manila, Phillipines

Post Office Address: 204 Madrigal Avenue
Ayala Alabang Village
Muntinlupa City
Metro Manila, Phillipines

Citizenship: United Kingdom

Full name of sole (or third joint) inventor: Roy D. Hollaway

Inventor's Signature: [Signature] Date: 3-15-01

Residence: Chandler, AZ

Post Office Address: 957 Azalea Place
Chandler, AZ 85248

Citizenship: U.S.A.

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Muntinlupa City
Metro Manila, Phillipines

Citizenship: United Kingdom

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Inventor's Signature: _____

Date: _____

Residence: Chandler, AZ

Post Office Address: 957 Azalea Place
Chandler, AZ 85248

Citizenship: U.S.A.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/813,485
Filing Date	03/20/2001
First Named Inventor	Thomas P. Glenn
Group Art Unit	2811
Examiner Name	Costanzo, Patricia M.
Attorney Docket Number	AMKOR-025A

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number _____ Place Customer Number Bar
Attention: [attorney name] _____ •• Code Label here

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name	Paul Davis
Signature	<i>Paul Davis</i>
Date	8/6/02

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

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	Attorney Docket Number	AMKOR-025A

I hereby appoint:

- ☒ Practitioners at Customer Number 007663 _____ Place Customer Number Bar
Attention: Mark B. Garred _____ Code Label here
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

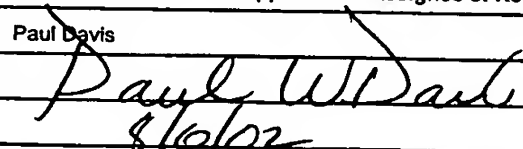
- ☒ The above-mentioned Customer Number: Attention: Mark B. Garred
OR
☐ Practitioners at Customer Number _____ Code Label here
Attention: [attorney name]
OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I am the:

- ☐ Applicant.
☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name	Paul Davis
Signature	
Date	8/6/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231